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Another Drop in the Birth Rate

FOR the first time in 10 years the American birth rate showed, in 1934, a rise over the preceding year. This encouraged the hope that the long period of falling birth rates had at last run its course; and that the threat of an ultimately declining population, which is implied in the continued downward trend of the birth rate in the United States, might be on the way to being averted.

It now develops, however, that the slight increase in 1934 was only a temporary deviation from the general downward trend; for provisional figures now at hand for 1935 show that the birth rate has again taken a downward turn, from a rate of 17.1 per thousand in 1934 to 16.8 in 1935. We are thus almost back to the all-time low birth rate in the United States, which was 16.6 in 1933.

It is of interest to note what part the several States of the Union had in this general decline. Each of 33 States and the District of Columbia, comprising 59 percent of the country's population, showed a fall in the birth rate. This group included every State, with two exceptions, in New England and in the Middle Atlantic, the West North Central, and the West South Central Divisions. Six States, comprising

Birth Rates, per 1,000 Population, in the United States Birth Registration Area and in Canada for the Years 1930 to 1935; and Percent Change Since 1930

YEAR	UNITED STATES	CANADA*
1935	16.8	20.2
1934	17.1	20.5
1933	16.6	20.9
1932	17.4†	22.5
1931	18.0‡	23.2
1930	18.9‡	23.9
Percent change 1930 to 1935	11.1	15.5

*Exclusive of Yukon and Northwest Territories.
†Exclusive of Texas.
‡Exclusive of South Dakota and Texas.

20 percent of the population, recorded no change in the birth rate from 1934 to 1935. This leaves nine States, representing 21 percent of the population, which registered increases. Three of these (Illinois, Michigan, and Wisconsin) were in the East North Central Division. Three others (Arizona, Colorado, and Montana) were in the Mountain Division. The remaining three to show rises were California, Florida, and Mississippi.

The percent decline of the birth rate in Canada has been even more marked than in the United States during the current decade, namely, 15.5 percent as compared with our 11.1 percent. Also, our one exceptional year, 1934, which showed a rise, has no counterpart in Canada, where the fall has been uninterrupted since 1930. On the other hand, it is true that Canada still has a somewhat higher birth rate than the United States, and can better afford the declines which it has experienced. Its birth rate in 1935 was 20.2 per 1,000 as against our 16.8.

A Quarter Century of Progress in Longevity

A REVIEW of the continuous upward trend in longevity among wage-earners and their families during the 25 years elapsed from 1911-1935, as exemplified by the experience of the Industrial policyholders of the Metropolitan Life Insurance Company, gives every encouragement to those who have been engaged in systematic efforts to promote public health by organized activity. In 1935, the last year covered by this period, the expectation of life at birth among Industrial policyholders crossed the 60-year mark for the first time, touching the figure of 60.25 years. This represents a gain of 13.62 years over the corresponding expectation of life at birth in 1911, namely, 46.63 years. Figures for the intervening years are shown in Table 1.

Not all classes of Industrial policyholders have shared alike in the gain in expectation of life over this period. For further details our data permit comparisons of the expectation of life only from age 10 up. It will be seen in Table 2 that white males at age 10 gained 8.07 years; white females, 6.99 years; colored males, 5.65 years; and colored females, 8.08 years. At age 30 the corresponding gains were 6.29, 4.96, 3.01, and 4.22 years respectively; while at age 50 the respective figures were 2.78, 2.85, 1.78, and 2.29 years. In general, it may be said that white Industrial policyholders experienced a greater gain in expectation of life than colored policyholders, and among white persons, males have gained more than females.

How does the gain in longevity among our insured wage-earners compare with that in the general population? The expectation of life at birth in the United States Registration Area for deaths of 1911 was

TABLE 1

Expectation of Life at Birth, Metropolitan Life Insurance Company, Industrial Department, 1911 to 1935

CALENDAR YEAR	EXPECTATION IN YEARS	CALENDAR YEAR	EXPECTATION IN YEARS	CALENDAR YEAR	EXPECTATION IN YEARS
1935	60.25	1929	55.78	1923	54.55
1934	59.45	1928	55.88	1922	55.04
1933	59.19	1927	56.42	1921	55.08
1932	58.80	1926	55.02	1919–1920	51.14
1931	57.90	1925	55.51	1911–1912	46.63
1930	57.36	1924	55.62		

Gain: 1935 since 1911–1912, 13.62 years.

53.04 years; in 1934, the corresponding figure for the total United States was 60.79 years. The resulting gain of 7.75 years in the general population is to be compared with a gain of 12.82 years for the Industrial policyholders over the same period.

This, however, is merely a broad comparison; from age 10 up our data permit finer distinctions. Thus we can compare the gain in expectation of life among our insured wage-earners with that in the urban population of the United States, treating white males and white females separately. This is not only a fairer basis of comparison, since our insured wage-earners are essentially urban dwellers, but it is also a severer test, since the gain in expectation of life in the urban area of the United States from 1910 to 1930 was greater than that in the rural area.* We now find that white males of age 10 in the urban area of the United States gained 3.95 years of life from 1910 to 1930, while white male Industrial policyholders at the same age gained 6.77 years from 1911-1912 to 1930. The corresponding gains for white females 10 years of age were 4.22 and 5.48 years respectively. In both cases the advantage in years gained is with the insured wage-earners over the general population. If this advantage is maintained, we may look forward to a time, in the near future, when the longevity of our wage-earning population will equal that of the general population.

The quarter century covered by these records is unique in history. It witnessed a war involving a majority of the civilized nations; it included a devastating epidemic which cost even more lives than that war; its closing years fell during a world-wide economic depression that has affected the daily lives of us all. The effect of the last two events cited upon the longevity of the people has been discussed repeatedly in past issues of the STATISTICAL BULLETIN. Throughout this

*STATISTICAL BULLETIN, July 1935, p. 2.

quarter century, and in the face of the calamities mentioned, those charged with the administration of our public health activities have maintained a scientific attitude toward their duties. Current discoveries in medicine and sanitary science have been applied as soon as they had demonstrated their worth. The results are undoubtedly reflected in the highly gratifying figures that have been quoted.

TABLE 2

Expectation of Life at Decennial Ages, by Color and Sex, Metropolitan Life Insurance Company, Industrial Department, 1911 to 1935

CALENDAR YEAR	AGE											
	10	20	30	40	50	60	10	20	30	40	50	60
	WHITE MALES						WHITE FEMALES					
1935	53.68	44.47	35.65	27.31	19.76	13.39	57.65	48.31	39.43	30.75	22.52	15.23
1934	53.23	44.01	35.24	26.85	19.38	13.08	57.45	48.08	39.22	30.54	22.35	15.10
1933	53.00	43.83	35.10	26.78	19.35	13.14	57.01	47.68	38.93	30.37	22.22	14.98
1932	53.11	43.97	35.26	26.99	19.54	13.21	56.55	47.31	38.67	30.14	22.05	14.91
1931	52.49	43.43	34.81	26.68	19.37	13.22	56.41	47.20	38.61	30.16	22.19	15.03
1930	52.38	43.35	34.75	26.60	19.22	13.15	56.14	47.01	38.47	29.95	21.91	14.83
1929	51.20	42.27	33.84	25.78	18.70	12.64	55.14	46.07	37.69	29.35	21.44	14.35
1928	51.74	42.83	34.36	26.21	19.04	12.87	55.10	46.03	37.71	29.41	21.54	14.48
1927	51.88	42.93	34.44	26.26	18.93	12.91	55.32	46.33	38.05	29.74	21.88	14.90
1926	51.41	42.49	34.02	26.00	19.02	12.84	54.87	45.87	37.53	29.27	21.51	14.56
1925	51.63	42.72	34.27	26.25	18.95	12.76	55.09	46.11	37.87	29.76	21.90	14.82
1924	51.77	42.93	34.53	26.54	19.38	13.23	55.10	46.20	37.96	29.76	21.92	14.84
1923	50.98	42.10	33.72	25.88	18.79	12.73	53.88	44.97	36.90	28.79	20.88	13.92
1922	51.89	43.07	34.77	26.94	19.84	13.53	54.46	45.62	37.55	29.46	21.58	14.54
1921	52.70	44.01	35.74	27.72	20.26	13.64	54.61	45.88	37.74	29.66	21.81	14.68
1919–1920	49.50	40.85	33.45	26.32	19.39	13.14	52.05	43.44	36.13	28.72	21.17	14.25
1911–1912	45.61	36.87	29.36	22.94	16.98	11.50	50.66	42.02	34.47	27.00	19.67	13.20
	COLORED MALES						COLORED FEMALES					
1935	46.97	38.38	30.96	24.04	17.87	12.49	49.38	40.95	33.54	26.27	19.63	13.84
1934	46.56	38.03	30.49	23.49	17.23	12.15	49.13	40.70	33.30	25.92	19.31	13.52
1933	46.44	37.94	30.50	23.59	17.47	12.27	48.31	39.90	32.63	25.45	18.90	13.13
1932	46.31	37.97	30.58	23.61	17.49	12.20	48.16	39.98	32.95	25.92	19.65	14.19
1931	45.03	37.00	30.11	23.46	17.45	12.20	46.50	38.74	32.09	25.25	19.01	13.62
1930	44.66	36.49	29.55	22.82	17.04	11.92	46.47	38.70	32.01	25.16	18.88	13.41
1929	44.09	36.17	29.27	22.68	16.72	11.64	45.48	37.74	31.20	24.50	18.43	12.95
1928	44.48	36.51	29.64	22.99	17.06	12.09	46.00	38.36	31.61	24.97	18.87	13.51
1927	44.99	37.08	30.05	23.33	17.31	12.00	46.34	38.64	32.15	25.46	19.26	13.75
1926	44.84	36.80	29.91	23.18	16.92	11.59	45.60	37.97	31.41	24.69	18.24	12.78
1925	45.04	37.26	30.30	23.63	17.56	12.03	45.60	38.13	31.67	24.87	18.58	13.03
1924	45.71	37.61	30.44	23.76	17.77	12.57	46.63	38.88	32.16	25.46	19.01	13.51
1923	45.63	37.55	30.46	23.66	17.74	12.59	45.48	38.05	31.55	24.87	18.69	13.33
1922	46.74	38.60	31.75	24.85	18.63	13.15	46.07	38.78	32.13	25.23	18.86	12.90
1921	47.08	39.24	32.17	25.37	18.74	13.06	46.12	39.03	32.99	26.50	20.29	14.61
1919–1920	43.79	36.51	30.29	23.82	17.71	12.07	43.76	37.09	31.13	25.03	18.74	13.18
1911–1912	41.32	34.16	27.95	21.91	16.09	11.21	41.30	35.14	29.32	23.25	17.34	12.20

Causes of Autumn Motor Fatalities

It is well known that automobile fatalities are more frequent during the months of October, November, and December than during any other quarter of the year. This does not mean, however, that there are more automobile accidents at this season; fully as many accidents are reported during the months of July, August, and September.* The high mortality from automobile accidents during the last quarter of the year is due primarily to the fact that such casualties are more likely to have fatal results than are those at other seasons.

Statistics compiled from the consolidated Monthly Reports of the Commissioners of Motor Vehicles of the States of New York and New Jersey for the years 1933, 1934, and 1935 reveal average fatality ratios of 42.4 deaths per 1,000 accidents for the months of October, November, and December; 35.4 for July, August, and September; 32.2 for April, May, and June; and 33.3 for January, February, and March.

The data pertaining to New York and New Jersey very likely typify conditions in most of the Northern States, and therefore may be taken as criteria for an analysis of the causes generally responsible for the high mortality from automobile accidents during late autumn. Careful study of this material shows that this high mortality results principally from the simple fact that there are fewer hours of daylight during this period of the year, rather than from such causes as speeding, skidding, etc., as might be supposed.

It is well known that, in relation to the density of traffic, more automobile accidents occur at dusk and after dark than during daylight; also, that night accidents are generally more fatal than those which happen in the daytime. Considering, therefore, that there are approximately twice as many hours of darkness during late fall as there are in midsummer, it is not surprising that there should be an exceptionally high ratio of deaths in automobile accidents at this time of the year. The data for New York and New Jersey show that out of 92,499 accidents reported during the months of October, November, and December, 52,371 or nearly 57 percent occurred either at dusk or after nightfall. During the months of June, July, and August, on the contrary, the number of night accidents totaled only 28,212 (31 percent) although the total number of accidents (91,263) was approximately the same as in the fall.

It is interesting to observe that during the winter months of January, February, and March, when the period of darkness is even longer than in late fall, the percentage of accidents after nightfall is somewhat lower than it is in autumn. Out of 68,541 accidents

*When considered in relation to the relative density of traffic, however, the ratio of accidents in late autumn is much greater than it is in midsummer.

Fatalities per 1,000 Motor Vehicle Accidents and Percentage of Such Accidents under Specified Conditions, in the States of New York and New Jersey, by Months; Three-Year Period, 1933, 1934, and 1935.*

Condition; Type of Accident	Fatalities per 1,000 Accidents											
	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
Motor Vehicle Accidents	33.5	31.7	34.7	31.6	32.8	32.2	34.7	36.0	35.5	40.4	41.5	45.5
	Percentage											
Time of Day												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
12 p.m. to 7 a.m.	16.8	13.7	13.6	13.6	13.2	12.5	13.0	13.1	13.9	13.0	14.6	14.3
7 to 10 a.m.	8.2	9.4	8.2	7.5	7.2	7.4	7.2	7.7	7.5	8.3	7.0	7.6
10 a.m. to 3 p.m.	20.8	23.6	21.5	22.5	22.6	23.7	24.1	24.6	21.6	22.2	20.2	20.8
3 to 6 p.m.	20.3	20.0	20.8	21.2	22.5	21.6	19.7	19.5	20.6	20.8	21.3	21.2
6 to 9 p.m.	21.7	21.4	22.5	21.0	19.0	18.8	18.7	18.7	21.0	22.9	22.8	21.9
9 to 12 p.m.	11.3	10.8	12.3	13.2	14.5	15.1	16.1	15.4	14.2	11.8	12.9	12.7
Not stated	0.9	1.1	1.1	1.0	1.0	0.9	1.2	1.0	1.2	1.0	1.2	1.5
Light Conditions												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Daylight	41.4	50.6	51.2	56.8	66.5	70.0	69.0	66.3	58.9	49.3	38.8	39.0
Dusk	4.9	4.5	4.2	3.8	3.7	3.4	3.6	3.8	4.0	5.0	5.0	5.0
Dark	53.0	44.1	43.9	38.8	29.2	25.9	26.6	29.2	36.4	45.0	55.4	54.8
Not stated	0.7	0.8	0.7	0.6	0.6	0.7	0.8	0.7	0.7	0.7	0.8	1.2
Day of Occurrence												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Sunday	15.5	14.2	15.7	17.0	16.0	16.4	16.8	15.5	17.9	16.9	14.9	16.2
Monday	15.3	13.7	12.2	15.1	13.1	12.6	15.3	12.8	13.8	13.8	11.8	14.9
Tuesday	16.3	12.0	11.4	12.9	12.9	11.5	13.6	12.6	12.0	13.8	11.9	13.3
Wednesday	13.4	13.1	12.2	11.7	15.4	12.1	12.9	13.4	11.7	13.2	13.3	12.6
Thursday	11.8	15.4	14.0	12.2	13.6	13.5	11.8	14.2	11.2	12.8	15.0	11.2
Friday	12.9	13.4	15.0	13.1	12.9	15.2	12.9	14.7	14.0	13.0	14.7	13.6
Saturday	14.7	18.0	19.3	17.9	16.1	18.5	16.5	16.7	19.4	16.5	18.4	18.0
Not stated	0.1	0.2	0.2	0.1	.....	0.2	0.2	0.1	.....	.....	.....	0.2
Road Conditions												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Dry	56.8	30.1	56.8	71.8	78.2	83.8	85.5	82.5	73.8	79.0	65.9	56.7
Wet	19.1	12.4	22.8	21.8	17.0	11.3	9.8	12.5	21.6	16.0	25.0	17.3
Muddy	0.2	0.2	0.2	0.1	0.1	0.1	0.1	†	0.1	†	0.1	0.1
Snowy	7.8	17.6	7.2	0.7	.....	.....	.....	.....	.....	†	2.5	9.0
Icy	10.8	35.5	8.0	0.4	.....	.....	.....	.....	.....	†	2.1	12.3
Not stated	5.3	4.2	5.0	5.2	4.7	4.8	4.6	5.0	4.5	4.9	4.4	4.6
Weather Conditions												
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Clear	65.6	65.2	64.6	70.5	77.0	82.8	85.1	80.9	71.5	77.0	64.3	65.0
Fog—cloudy	9.5	6.5	6.8	5.5	4.7	4.0	3.1	4.2	5.8	5.2	9.5	9.0
Rain	12.7	8.7	15.8	17.7	13.7	8.6	7.2	10.0	18.2	12.7	18.4	13.8
Snow	6.4	14.8	7.7	1.0	.....	.....	.....	.....	.....	†	3.2	7.2
Not stated	5.8	4.8	5.1	5.3	4.6	4.6	4.6	4.9	4.5	5.1	4.6	5.0
Speeding	4.1	4.6	5.0	5.1	5.3	5.5	5.6	5.8	5.2	5.0	5.0	5.2
Skidding	10.0	24.8	9.5	3.7	3.8	3.5	3.5	3.8	5.1	3.4	5.9	11.2

*Computed on 30-day basis. †Less than 0.05.

reported by New York and New Jersey during the winter months, 35,352 or about 52 percent occurred in the dark hours. This probably can be attributed to the fact that the hazardous driving conditions prevailing in winter tend to discourage night driving and so help to reduce the number of night accidents. The pleasant weather encountered during autumn, however, especially in the vicinity of New York and New Jersey, is particularly enticing to motorists, and thus tempts many to prolong their driving to late hours.

The reduced number of daylight hours in the fall operates in another way to increase motor vehicle accidents; it tends to restrict driving for pleasure to week ends and holidays, thus increasing road congestion at these times. The New York and New Jersey figures show a specially large number of accidents on Saturdays and Sundays during October, November, and December. In this connection it is worth remembering that there are an unusual number of holidays during late autumn—Columbus Day, Election Day, Armistice Day, Thanksgiving Day, and Christmas—all of which probably play their part in the high automobile toll of deaths during this season of the year.

Minor causative factors in fall motor accidents are rain and fog, which together cause nearly twice as many accidents during the last quarter of the year as in midsummer. Snow in late November and in December is also instrumental in causing many accidents at this season. In fact, rain, snow, and fog cause considerably more accidents in October, November, and December than in the following months of January, February, and March; probably, because the average motorist has not yet become accustomed to the hazards which they present. By January, however, he has learned to be more cautious and to avoid many of the more serious dangers inherent in winter driving

It seems clear, therefore, that before we can hope to effect a worthwhile reduction in the high mortality from automobile accidents, a serious effort must be made to educate automobile drivers regarding the special hazards that attend night driving, particularly at this season of the year.

The Loss of Life in Conflagrations

As the winter months approach, it is pertinent to call attention to the hazard of conflagration, because it is during this season of the year, when homes and public buildings are artificially heated, that the mortality from this cause rises to its highest point.

It is a regrettable fact that the death rate from conflagration has shown no definite improvement in the past quarter century. Con-

flagrations in the United States take the lives of more than 1,500 persons annually.* Unusually heavy loss of life in a single fire—such as the one which killed 320 persons in the Ohio State Penitentiary in 1930—raises the total loss in some years to still higher figures. Major fires, in which 20 or more persons are killed, occur almost annually, and in some years there have been as many as three such fires. Children in schools, patients in and the staffs of hospitals, inmates of penitentiaries, factory workers, and dance-hall and theater patrons are the chief victims of these fires. In spite of the large number of deaths due to such major catastrophes, the bulk of the deaths, possibly as many as two thirds, result from the burning of dwellings, hotels, and apartment houses.

What groups of the population suffer the largest losses? The answer to this question is provided by the statistics compiled by the Metropolitan Life Insurance Company among its millions of Industrial policyholders. The maximum rates are registered at the extremes of life—preschool years and advanced ages. This reflects the comparative inability of the very young and the very old to save themselves in emergencies. About twice as many men as women die in conflagrations. Between the ages of 25 and 54 the death rates for white males range from three to six times those for white females. Part of the excess male mortality results from occupational exposure. Our figures show that among men in the main working period of life, almost one third of the deaths in conflagrations arise out of or in the course of employment. Colored persons record a death rate more than twice that for whites. Unsafe housing is partially responsible for this unfavorable position of the colored population. The fact that so many colored women go out to work and leave their young children in the care of older ones, is possibly an added factor in the excessive death rates for Negroes at the younger ages.

It is unquestionably true that many lives are needlessly being lost in fires. In fact, it is difficult to understand why many precautionary measures which have been instituted, and which should have had a favorable influence, have not been reflected in a lowering of mortality. Building laws relating to fireproof construction, requirements for fire escapes in apartment houses, theaters, etc., have been quite generally enacted in areas inhabited by an increasing proportion of the population; motorized fire equipment has made it possible for fire companies to reach burning buildings faster than before, and fire-prevention campaigns have been carried on all over the country. In spite of these well-directed efforts the record of past years has not been encouraging. A more thorough

*Exclusive of deaths in burning ships, automobiles, airplanes, and other vehicles, and of deaths in mine disasters.

study of the causes of fires than has yet been made is needed to determine what influences have been at work to offset the benefits of these precautions. A thorough analysis would serve to bring out the points of attack which would yield the greatest returns. The NATIONAL FIRE PROTECTION ASSOCIATION already has published many valuable analyses of the causes of fires.

The problem of decreasing the number of lives lost in burning buildings is largely one of reducing the number of conflagrations in homes. But the terrible calamities by fire in schools, hospitals, penitentiaries, and in other public buildings, which have been all too common throughout the past two decades, point to the need for still more stringent supervision of such public structures and for a check-up on the fire hazards present in the construction and management of existing institutions.

Health Record for August 1936

IF health conditions among the insured wage-earning population during the final third of the current year measure up to those which have prevailed during the eight months which have elapsed, 1936 will take its place as one of the best health years in the history of more than 17,000,000 Metropolitan Industrial policyholders. Their cumulative death rate for the January-August period, it is true, was not quite as low as that for the like part of 1935; but the rise was only 1.2 percent; and 1935, it must be remembered, was the record health year of all time in this important cross-section of the American and Canadian populations. In Canada, indeed, the 1936 mortality record to date shows a slight improvement over that of the corresponding period of 1935.

The record for the eight-month period has been especially good for a number of diseases. It has been so outstandingly favorable for two of them—tuberculosis and puerperal conditions—as to assure, four months before the end of the year, that their death rates for 1936 will mark new lows in their mortality records. The rates for three of the four principal communicable diseases of childhood—measles, scarlet fever, and whooping cough—are much below those recorded at this time in 1935, and the figures for measles and whooping cough are far lower than ever previously registered for the like period of any year. The year-to-date mortality rate from diphtheria is identical with that registered at this time in 1935, *i.e.*, 1.8 per 100,000, which is the minimum figure for this disease.

The crude death rate for cancer has declined 3.6 percent, and there is every prospect that the reversal of the upward trend, which was observed in 1935, will still be in evidence at the end of 1936. Chronic nephritis is the only one of the principal degenerative diseases

to register a decline from last year's figure. This disease, in 1936, recorded the lowest death rate of all time in this insured group.

One of the most favorable developments of the year is a 6.4 percent drop in the death rate for suicide. This cause of death has been declining continuously among Metropolitan Industrial policyholders since 1932. The homicide rate also has decreased sharply. It was 4.8 per 100,000 for the January-August period; and if this rate still obtains at the end of 1936, it will mark a new minimum for homicides.

There have been more fatal accidents than in the like part of 1935, but this does not apply to automobile fatalities, which show a 4.7 percent drop for the eight-month period. This sizable decline has occurred in the face of increases in motor vehicle traffic and in the consumption of gasoline. Whether or not the drop is country-wide cannot be ascertained at this writing. Figures released by the NATIONAL SAFETY COUNCIL, however, indicate that up to the end of July the number of lives lost this year in automobile accidents was 2 percent under the figure of the like seven-month period of 1935. The Council, nevertheless, warns that July was the third successive month to register an increase in deaths over the corresponding month of last year; and that, if this latest trend "is not curbed sharply in the remaining months of the year, we can prepare ourselves to read another all-time record of slaughter on our streets and highways when 1936 has become history."

On the unfavorable side of the record for the year the chief developments are rises in the mortality from heart disease and pneumonia.

The death rate in the general population of the large cities of the United States during the month of August was 10.1 per 1,000 estimated population, as compared with 12.6 for July 1936 and 9.6 for August 1935. As compared with July 1936, there was increased prevalence of diphtheria, poliomyelitis, and typhoid fever, but there was less sickness from influenza, measles, scarlet fever, and smallpox. As compared with August 1935, only scarlet fever and smallpox, among the reportable diseases, showed increased incidence.

An item of special public health interest recently reported is: THE NEW YORK CITY DEPARTMENT OF HEALTH, CORNELL UNIVERSITY MEDICAL COLLEGE, NEW YORK HOSPITAL, and the NEW YORK TUBERCULOSIS AND HEALTH ASSOCIATION are conducting a study of silicosis, which has been made possible by an appropriation from the WORKS PROGRESS ADMINISTRATION. It is planned to examine approximately 3,000 workers who have been exposed to dust and to carry out intensive bacteriologic, pathologic, and clinical studies.

The following table shows the mortality among Industrial policyholders for August 1936, July 1936, and August 1935, together with the cumulative rates for the first eight months of each year.

METROPOLITAN LIFE INSURANCE COMPANY

Death Rates per 100,000 for Principal Causes. Weekly Premium-Paying Business in Industrial Department. All Ages (Annual Basis).*

MONTHS OF AUGUST 1936, JULY 1936, AND AUGUST 1935.

CAUSES OF DEATH	ANNUAL RATE PER 100,000 LIVES EXPOSED*				
	August 1936	July 1936	August 1935	Cumulative January-August	
				1936	1935
TOTAL—ALL CAUSES	761.8	815.0	738.0	877.5	866.8
Typhoid fever	2.1	.7	2.0	.8	.8
Measles	.3	1.1	.7	1.2	3.4
Scarlet fever	.9	1.7	1.1	2.6	3.2
Whooping cough	1.8	1.3	2.5	1.6	3.0
Diphtheria	1.3	1.0	1.4	1.8	1.8
Influenza	3.2	3.7	2.9	17.8	17.7
Tuberculosis (all forms)	51.5	52.5	52.6	55.5	58.4
Tuberculosis of respiratory system	45.7	46.4	45.7	49.1	52.2
Syphilis, locomotor ataxia, and general paralysis of the insane	10.8	12.0	9.5	12.1	11.3
Cancer (all forms)	91.1	87.7	87.2	91.0	94.4
Diabetes mellitus	20.2	19.1	20.0	25.3	25.0
Cerebral hemorrhage; apoplexy	52.0	61.0	53.8	64.2	62.3
Diseases of the heart†	136.6	158.5	127.4	167.1	162.7
Diseases of the coronary arteries	21.2	21.8	18.6	25.2	22.2
Angina pectoris	6.0	7.6	7.5	8.7	9.7
Pneumonia (all forms)	29.4	38.8	28.2	80.3	75.3
Diarrhea and enteritis	12.3	10.6	13.8	7.6	7.7
Appendicitis	11.0	13.9	12.8	11.2	11.6
Chronic nephritis (Bright's disease)	51.5	55.1	48.9	61.3	61.6
Puerperal state—total	8.6	7.2	8.1	7.9	8.9
Suicides	8.1	9.1	10.1	8.8	9.4
Homicides	5.4	5.7	6.8	4.8	5.8
Accidents—total	74.9	78.5	62.9	57.6	54.6
Automobile accidents	22.9	20.6	23.1	18.1	19.0
All other diseases and conditions	161.6	166.3	159.2	163.3	156.0

*The rates for 1936 are subject to slight correction, since they are based on provisional estimates of lives exposed to risk.

†Excludes pericarditis, acute endocarditis, and acute myocarditis.

Correspondence on the subjects discussed in these BULLETINS may be addressed to: The Editor,

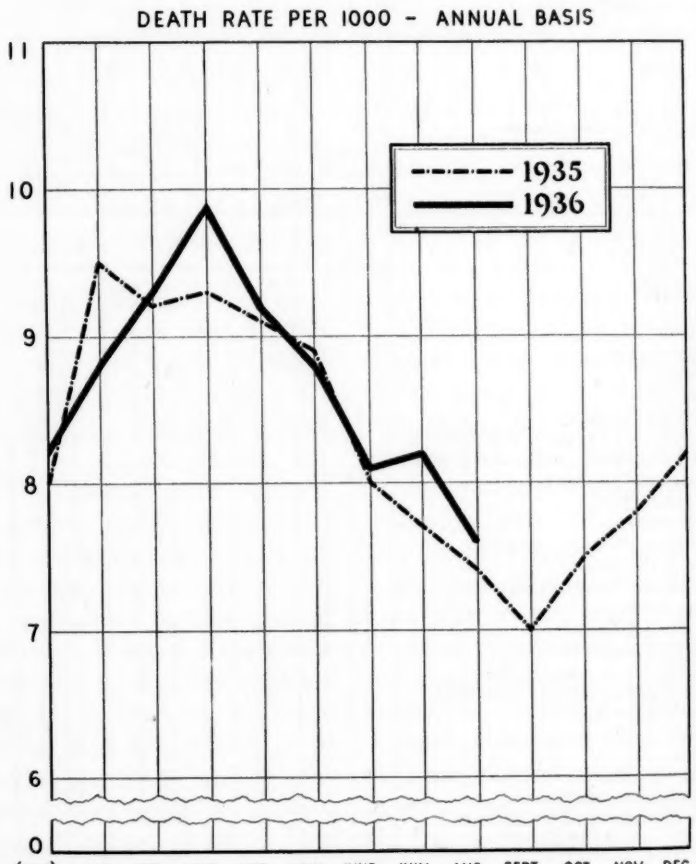
STATISTICAL BULLETIN,

Metropolitan Life Insurance Company,

1 Madison Avenue, New York, N. Y.

DEATH RATES FROM ALL CAUSES

METROPOLITAN LIFE INSURANCE CO. - INDUSTRIAL DEP'T.
WEEKLY PREMIUM-PAYING BUSINESS — TOTAL PERSONS



Rates are provisional for 1936

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